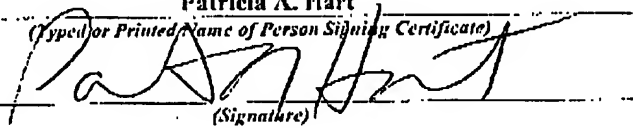



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. WAL-0006
Applicant(s): Jan Folkesson			
Serial No. 10/018,284	Filing Date 11/08/2001	Examiner Gary L. Welch	Group Art Unit 3765
Invention: SAFETY VISOR			<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> MAY 24 2004
<b>OFFICIAL</b>			
I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Amendment (8 pgs)</u> <small>(Identify type of correspondence)</small>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )			
on <u>May 24, 2004</u> <small>(Date)</small>			
<div style="text-align: center;">Patricia A. Hart <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small></div>			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>WAL-0006</b>		
Applicant(s): <b>Jan Polkesson</b>					
Serial No. <b>10/018,284</b>	Filing Date <b>11/08/2001</b>	Examiner <b>Gary L. Welch</b>	Group Art Unit <b>3765</b>		
Invention: <b>SAFETY VISOR</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	3 =	3 x	\$86.00	\$258.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$258.00</b>
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>06-1130</b> in the amount of <b>\$258.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <b>May 24, 2004</b></div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> Signature</div><div style="margin-left: 20px;">Lisa A. Bongiovi Registration No.: <b>48,933</b> Customer No.: <b>23413</b></div></div><div style="border: 1px solid black; padding: 10px; margin-top: 20px; width: fit-content;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><div style="text-align: center; margin-top: 20px;">_____ Signature of Person Mailing Correspondence</div><div style="text-align: center; margin-top: 20px;">_____ Typed or Printed Name of Person Mailing Correspondence</div></div><div style="margin-top: 20px;">cc:</div></div>					